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COMMUNICATION SKILLS TRAINING FOR PARENTS: EXPERIMENTAL AND SOCIAL VALIDATION

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Coordination of professional services on behalf of children often hinges on the involvement of informed parents. The purposes of this study were to identify and experimentally and socially validate skills required of parents for effective communication with professionals. Target skills were identified on the basis of judges' social validation ratings of (a) sample interactions between parents and professionals and (b) the behaviors comprising a resultant task analysis. Eight parents were then trained in these skills via an instructional package. Results of a multiple baseline design across subjects and grouped skill domains showed that each parent acquired the targeted skills during simulated conferences and that correct responding usually generalized to actual conferences. Independent judges validated training outcomes, and participating parents indicated satisfaction with the curriculum.

DESCRIPTORS: parent training, parent–professional interactions, communication skills training, social validation

Parents often play a pivotal role in the coordination and delivery of services extended on behalf of their children (Allen & Hudd, 1987). Service delivery resulting in desired clinical outcomes requires that parents and human service professionals communicate effectively (Bennett, 1982; Kyne, 1980; Miller, 1983; Spock & Lerrigo, 1965; Taylor, 1979). Unfortunately, misunderstandings and disagreements culminating in parental noncompliance with recommendations (Parrish, 1986) or in legal suits (Taylor, 1979) appear to be on the increase.

When conflicts occur between parents and professionals, negotiation may lead to an acceptable outcome. Two approaches to conflict resolution have received scrutiny: arbitration of specific disagreements and modification of communication processes (Kifer, Lewis, Green, & Phillips, 1974). If the latter approach is effective, the former process (which typically involves outside intervention, e.g., administrative hearings or litigation) can perhaps be avoided.

To date, most efforts to improve parent–professional interactions have been directed toward enhancing the professional's communication skills (e.g., Darling & Darling, 1982; Francis, Korsch, & Morris, 1969; Korsch, Gozzi, & Francis, 1968; Korsch & Negrete, 1972; Richardson, Guralnick, & Tupper, 1978; Stillman, Sabers, & Redfield, 1977). Relatively little effort, if any, has been expended to assist parents in acquiring such skills. Parents who fail to communicate proficiently may

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accept inadequate professional directives, not comprehend information provided by professionals, or inadvertently mislead professionals into making erroneous decisions (Shell, 1987) that may ultimately hinder efforts to develop and execute agreed upon plans. Communication skills training may therefore assist parents to become better consumer advocates.

Unfortunately, few, if any, experimentally and socially validated task analyses of requisite parent communication skills are available. Experimentally derived means of determining the behaviors comprising effective communication are needed to guide training efforts. The objectives of this study, therefore, were to identify and socially validate skills required of parents for effective communication with professionals and to determine the effects of training these skills in producing improvements in parents' communication.

METHOD

Participants

Eight mothers participated in this study. Each met the inclusion criteria of being a parent of a child with known or suspected developmental delays, expressing interest in acquiring communication skills that might assist in efforts to understand and obtain needed services for the child, and demonstrating need for the training program as indicated by performance on baseline probes (described later). Each of the participants was the parent of a child between 2 and 11 years of age with one or more handicaps (e.g., learning disability, severe behavior disorder, profound mental retardation). The parents had either experienced difficulties in meetings with professionals on behalf of their children or anticipated the need for enhanced communication skills in upcoming situations. Their levels of education ranged from completion of the 10th grade to attainment of a Master's degree. Their socioeconomic status varied from that of poverty (eligible for medical assistance) to upper middle class. Two parents were recruited by social workers following referral of their children to a pediatric hospital for interdisciplinary assessment and treatment services. The remainder were recruited through a community-based parent training program.

Setting

With one exception, training was provided at The Kennedy Institute, an interdisciplinary evaluation and treatment center for developmentally disabled children and their families. The training room (4 m by 5 m) contained one table with two chairs and a portable audiovideo system consisting of a video cassette recorder and a 20-in. color television. One parent was trained in her home using the same equipment.

Specification and Validation of Target Behaviors

A two-step validation process was used in the initial development of a task analysis of requisite communication skills. First, a preliminary task analysis was developed through informal observations of parent–professional interactions, a perusal of literature relevant to negotiation and problem-solving (e.g., Bach & Wyden, 1968; Borck & Fawcett, 1982; Briscoe, Hoffman, & Bailey, 1975; Carnegie, 1981; Markel & Greenbaum, 1979; Mulick & Pueschel, 1983; Seligman, 1983; Whang, Fletcher, & Fawcett, 1982), and social validation ratings (Kazdin, 1977; Wolf, 1978) of a sample of interactions between parents and professionals by an outside advisory group. This group consisted of 11 professionals in the fields of Communication Sciences, Special Education, and Psychology, as well as two parents of handicapped children. Members were selected on the basis of their professional or personal expertise in communication processes.

Each advisory group member was sent and asked to listen independently to one of two available audiotapes of actual meetings involving a parent, social worker, and pediatrician. One tape provided a sample of what was considered by the study team (based on their observations and review of literature) to be effective communication by the parent, and the other presented a sample of ineffective communication. Tapes were assigned randomly, with judges naive to the classification. Each judge was asked to rate the parent's effectiveness in communicating with the professional and to indicate those behaviors exhibited by the parent that were

or were not conducive to effective communication. Responses were received from eight advisory group members. In each case, the judge's rating of the parent's performance supported the classification of the tape as an example of effective or ineffective communication. The task analysis resulting from the identification of behaviors required for, and incompatible with, effective communication consisted of skills categorized into eight domains, presented in Table 1.

The second step of the validation process consisted of forwarding a copy of the provisional task analysis to each of the previous respondents. Judges were asked to rate each item of the task analysis on a five-point scale for its importance to effective communication, with "1" indicating an item considered "not important" and "5" denoting an item deemed "important." Judges were also asked to suggest additions to the provisional task analysis.

This phase of the social validation process was completed by each of the eight judges who finished the first phase. The decision rule for revision of the task analysis was to exclude items receiving a mean rating below 2.5 and to add any item recommended by more than one judge. All items received a mean rating of 2.5 or better; therefore, no item was deleted. No judge suggested the addition of any items. Item ratings and operational definitions for each element of the socially validated task analysis are also presented in Table 1.

Training and Assessment Stimuli

Written synopses. One-page, simply worded synopses describing the elements of each skill domain were constructed in addition to reading comprehension questions. The synopses were developed to assist parents to attend to the most important aspects of each domain.

Training videotape. A videotape demonstrating positive and negative examples of each element of each skill domain was developed and used for training purposes. The order of presentation of examples was as follows: (a) negative example of an entire skill domain (e.g., preparation) addressing each element of that domain (e.g., not having paper and pencil); (b) positive example of the same entire skill domain, addressing each component skill; (c) a breakdown of the same negative and positive example of the same task; and (d) a repetition of a positive example of the entire skill domain. Positive and negative examples were labeled as such by the trainer.

Scripts for behavior rehearsals. Following videotape modeling, scripts for five simulations were available for use. Before each rehearsal, the parent was given a card with information regarding a fictitious child, including the sex and age of the child and the child's handicapping conditions. A different card was used during each practice session. Corresponding scripts for the trainer were also available. These scripts contained information regarding the child's sex, age, handicapping conditions, evaluation findings, and treatment recommendations.

Scripts for assessment simulations. Eleven scripts, designed to represent common characteristics of a "typical" parent–professional conference, were available for use during baseline and posttraining simulation probes. These scripts contained identifying information in the same format as the rehearsal cards, but the specific content differed. Thus, each script provided equal opportunities for the demonstration of target skills and varied only with respect to the topography of the behaviors required. The parent was allowed to select the card to be used in each assessment, with the same restriction as above applied.

Training Procedures

Parents were trained individually. Sessions were approximately 2 hr long and usually were held twice per week (range, 1 to 4). Instruction began with the trainer providing an overview of training objectives. Target communication skills were then delineated one skill domain at a time. A description of each component skill was presented along with a rationale for the importance of that skill to effective communication. Proper implementation of each skill was described and examples of situations warranting the practice of these skills were provided. The parent was encouraged to ask questions and to discuss how the general skills could be applied on behalf of her child. Following this didactic

Table 1
Social Validation of Task Analysis of Parent Communication Skills

	Mean	Range
Preparation		
Parent thanks the professional for taking the time to meet with him or her.	2.8	1–4
Parent states that he or she is willing to actively participate in the meeting by providing information, feedback, and/or helping in the decision-making process.	4.4	3–5
Parent states how he or she has prepared for the meeting by bringing relevant materials (e.g., "I have brought my child's report cards") and/or stating that he or she has given thought to his or her child's behavior.	4.4	3–5
Parent brings to the meeting a list of the evaluators and their disciplines.	3.4	1–4
Parent brings to the meeting materials necessary to record information.	3.6	3–4
Complete Communication		
Parent states a summary of what the professional has said at least at the conclusion of the professional's report (i.e., summary must include same topic area as that of professional's report).	4.5	4–5
Parent states his or her general observations of the child in the natural environment with regard to the topic at hand.	5.0	5–5
Parent asks for feedback from his or her partner (if present).	4.8	4–5
If there is a discrepancy between parent's and professional's observations, then parent requests clarification of the professional's statements of observation(s) just given.	5.0	5–5
Clarification		
Parent asks questions about what has been discussed, or states that he or she has no questions about (understands) information given.	4.8	4–5
Parent states a summary of the professional's response to his or her question(s), (i.e., a summary must include same topic area) or states that he or she understands.	4.6	3–5
Consensus		
Parent compliments the professional, the evaluation, or the meeting and/or makes a statement to acknowledge appropriateness of some aspect of professional's suggestion or report.	3.0	1–4
Parent states specific area(s) of agreement with the professional (i.e., uses "I" statements), or states there are no areas of agreement.	4.3	3–5
Identification of Issues		
Parent states area(s) of disagreement with the professional (i.e., using "I" statements) without stating that the professional is incorrect, or states that there are no areas of disagreement.	4.5	4–5
If disagreement, parent states his or her understanding of the professional's concern for the child.	3.9	3–5
If the parent was mistaken about the disagreement or the professional's statement(s), he or she admits mistake.	4.0	3–5
Suggestion of Options		
Parent states or requests the possible options based on areas of agreement and/or disagreement.	4.5	4–5
Parent summarizes all options that have been presented.	4.5	4–5
Parent asks for or states the advantages and disadvantages of each option listed.	4.4	4–5
Parent states options in descending order of preference.	3.4	2–5
If there is a disagreement regarding most preferred option, parent makes a statement allowing the professional to "own" the parent's most preferred option (e.g., using "you," "your").	3.4	2–4
If there is a disagreement, parent states the more positive aspect of his or her chosen option.	3.9	3–5
Decide on Action to Be Taken		
Parent states or asks who will deliver services.	4.9	4–5
Parent states or asks what services are to be delivered.	4.9	4–5
Parent states or asks where services will be delivered.	4.9	4–5
Parent states or asks when services will begin.	4.9	4–5
Parent states or asks the time and day of week that services will be delivered.	4.8	4–5
Parent states or asks how much the services will cost and/or if insurance will cover cost.	4.8	3–5
Parent states or asks how long the services will need to be provided.	4.8	4–5
Parent states chosen option or states why option is not feasible.	4.8	4–5
If necessary, parent states his or her next preferred option.	4.6	4–5

Table 1
Continued

	Mean	Range
Feedback and Acknowledgement		
Parent compliments the professional, the evaluation, and/or the meeting.	3.3	1–4
Parent states or asks who will make the next contact.	4.9	4–5
Parent states or asks when the next contact is to be made.	4.9	4–5
Parent asks for or states how the contact person may be reached.	4.8	3–5

instruction and discussion, a one-page handout summarizing the elements of the target skill domain and a companion reading comprehension quiz were administered to the parent. If the parent failed to answer any comprehension question correctly, additional instruction was provided, after which the quiz was readministered.

Videotape modeling began when all questions pertaining to a given skill domain were answered correctly. The training videotape was viewed one skill domain at a time. Critical differences between effective and noneffective communication were discussed. The trainer and parent then role-played a situation similar to the example presented in the videotape using a behavior rehearsal script. Following the role-play, the trainer provided performance-based feedback to the parent, according to the criteria delineated in Table 1. If the target behaviors were not performed, remedial training consisting of additional verbal instruction, modeling, behavior rehearsal and feedback was provided. This procedure was repeated for each skill domain. At the conclusion of training skill domains 1 to 4, posttraining assessments were completed.

If the parent met or exceeded an 80% level of proficiency across the first four skill domains, training proceeded as above for the final four skill domains. If the parent's performance fell below this predetermined criterion following training in skill domains 1 to 4 or 5 to 8, remedial training was provided (with one exception) until the criterion was met. Parent 8 was unable to attend a remedial training session following the second posttraining simulation assessment of skill domains 5 to 8. Probes usually continued until the parent met or exceeded criterion in two consecutive simulations.

Probes

Baseline and posttraining simulations. Data were obtained prior to training during two to three 15-min audiotaped assessment simulations conducted with each parent. After training in the first four skill domains and later following training in the last four skill domains, different audiotaped simulations were conducted to assess skill acquisition. Each simulation differed with respect to the nature of the referral problem (e.g., lack of independent living skills, failure to thrive), age of the child (range, 1 to 18 years), handicapping conditions similar to those of the parent's child (e.g., mental retardation, cerebral palsy), and indicated services (e.g., speech therapy, physical therapy). During these simulations, the experimenter played the role of the professional in accordance with the information (e.g., evaluation findings, treatment recommendations) contained on the accompanying script. Parent performance of each of the steps in the task analysis (Table 1) was assessed to determine the extent of skill acquisition as a consequence of completing the training sequence.

Pre- and posttraining generalization probes. Before and after the simulations, the parent was asked to audiotape an actual parent–professional conference in which information was to be shared by the professional and educational or treatment plans developed on behalf of the child. The parent's performance during these conferences was evaluated to determine the parent's abilities to communicate effectively in an actual interaction with a professional prior to a series of simulation assessments and training and to test for generalization of acquired skills from the simulations to actual parent–professional interactions.

Data Collection and Reliability Assessment

During probes, parent performance of each of the target behaviors as defined in Table 1 was scored to determine the percentages of correct task completion within and across skill domains. The omission of a target behavior was scored as either an incorrect response or not applicable, depending on the presence or absence of requisite stimulus conditions (e.g., the occurrence of a disagreement between the parent and professional). Although behaviors were scored without regard to the order in which they occurred, the discriminative stimulus for a response, produced by a previous behavior in the chain, was usually inherent in the definition, which to some extent dictated their sequence.

Levels of interobserver agreement were assessed via audiotape by pairs of independent observers, usually at least one of whom was naive to the experimental conditions in effect, during 54% of the baseline and posttraining simulations and 40% of the pre- and posttraining probes. Observers' records were compared on a per-component-skill basis, and interobserver reliability scores were computed by dividing the number of agreements plus disagreements and multiplying by 100. Mean (range) percentages for occurrence, nonoccurrence, and overall reliability, respectively, were 95 (0 to 100), 92 (0 to 100), and 98 (89 to 100) for baseline and posttraining simulation probes and 95 (73 to 100), 91 (64 to 100), and 96 (82 to 100) for pre- and posttraining generalization probes.

Experimental Design

A multiple baseline design across parents and grouped skill domains (domains 1 to 4 and 5 to 8) was used to assess functional control (Baer, Wolf, & Risley, 1968).

Social Validation of Training Effects

The third phase of the social validation process was initiated when all parents had completed training. Two randomly selected audiotaped simulations were sent to each of the eight judges who had responded to the first two steps of the social validation process. One audiotape consisted of a parent's performance prior to training; the other was comprised of the same parent's performance after training. Neither audiotape was labeled as to the timing of its being recorded. In response to each audiotape, judges were asked to complete a 10-item questionnaire designed to assess the extent to which the parent communicated effectively with the professional (presented in Table 2). The fourth step of the social validation process consisted of asking each parent to complete anonymously a consumer satisfaction questionnaire (presented in Table 3). With both questionnaires, the Likert scales were presented in a randomized, counterbalanced manner to minimize the possible artifact of response set.

RESULTS

Figure 1 presents the performance of each parent during pretraining probes, baseline and posttraining simulations, and generalization probes. Percentages of correct responding within skill domains 1 to 4 and 5 to 8 are displayed for pairs of parents. Because not all participants were able to schedule a conference with a professional within the time periods of the study, a pretraining probe was not conducted with one parent and posttraining generalization probes could not be obtained for two others.

During pretraining probes, each parent demonstrated a lack of skill proficiency, with percentages of correct responding averaging 22% (range, 8% to 36%) for skill domains 1 to 4 and 4% (range, 0% to 6%) for skill domains 5 to 8. In all cases, training resulted in marked improvements in parent performance during simulations. Within skill domains 1 to 4, mean correct responding increased from 14% (range, 8% to 27%) before training to 94% (range, 75% to 100%) following training. Within skill domains 5 to 8, mean correct responding was 12% (range, 0% to 36%) and 89% (range, 76% to 100%) during baseline and posttraining simulations, respectively. Among the six parents who completed generalization probes, mean performance levels were 86% (range, 67% to 100%) and 80% (range, 50% to 94%) within skill domains 1 to 4 and 5 to 8, respectively, indicating that

Table 2
Social Validation of Training Effects

	Pretraining		Posttraining	
	Mean	Range	Mean	Range
1. How prepared for the meeting was the parent?	1.0	1–1	4.8	4–5
2. How would you rate the parent's ability to ask questions or state that he or she understands?	1.3	1–2	4.8	4–5
3. How would you rate the parent's ability to summarize what the professional has said?	1.0	1–1	4.8	4–5
4. How would you rate the parent's ability to state points of agreement?	1.8	1–3	4.0	3–5
5. How would you rate the parent's ability to state points of disagreement?	1.8	1–3	3.8	3–5
6. How would you rate the parent's ability to request and/or summarize potential options for treatment?	1.0	1–1	4.5	4–5
7. How would you rate the parent's ability to obtain information pertaining to the treatment, e.g., who will provide treatment where and when?	2.0	1–5	4.3	4–5
8. How would you rate the parent's ability to gather follow-up information, e.g., who is to make the next contact when and how?	1.0	1–1	4.8	4–5
9. How effective do you think the parent was in representing the needs of the child?	1.0	1–1	4.8	4–5
10. Overall, how effective was the parent's communication with the professional?	1.0	1–1	5.0	5–5

Note. Each question was rated on a 5-point scale, with 1 and 5 representing the lowest (e.g., "very unprepared" on Question 1) and highest (e.g., very prepared) ratings on the dimension, respectively.

parents were able to demonstrate improved communication skills in actual conferences as well as in simulations.

Four of the eight judges who completed the first two phases of the social validation process provided ratings regarding the impact of the training program. Table 2 summarizes their responses. The data indicate that professionals rated trainees' performance substantially higher on posttraining than on pretraining probes in all skill areas. All parents who completed training responded to the consumer satisfaction survey. A summary of parent ratings is presented in Table 3. These data reveal that parents were quite satisfied with the training program. On a scale of 1 to 4 (with 4 being most favorable), trainees provided a mean rating of 3.4 or above in response to each of the nine questions.

DISCUSSION

This investigation, in addition to representing one of the first competency-based approaches to communication skills training for parents, extends the literature in several ways. It provides a prelim-

Table 3
Trainee Satisfaction Questionnaire

	Mean	Range
1. How would you rate the quality of training you received?	3.6	3–4
2. Did you get the kind of training you wanted?	3.4	2–4
3. To what extent has our training met your needs?	3.4	2–4
4. Would you recommend our program to a friend?	3.9	3–4
5. How satisfied are you with the amount of help you received?	3.9	3–4
6. Have the services you received helped you to deal more effectively with your child and/or the professionals who work with him or her?	3.8	3–4
7. Overall, how satisfied are you with the training you received?	3.8	3–4
8. If you were to seek help again in another area, would you come back to our program?	3.6	2–4
9. To what extent was the trainer able to relate the information to the special needs of you and your child?	4.0	4–4

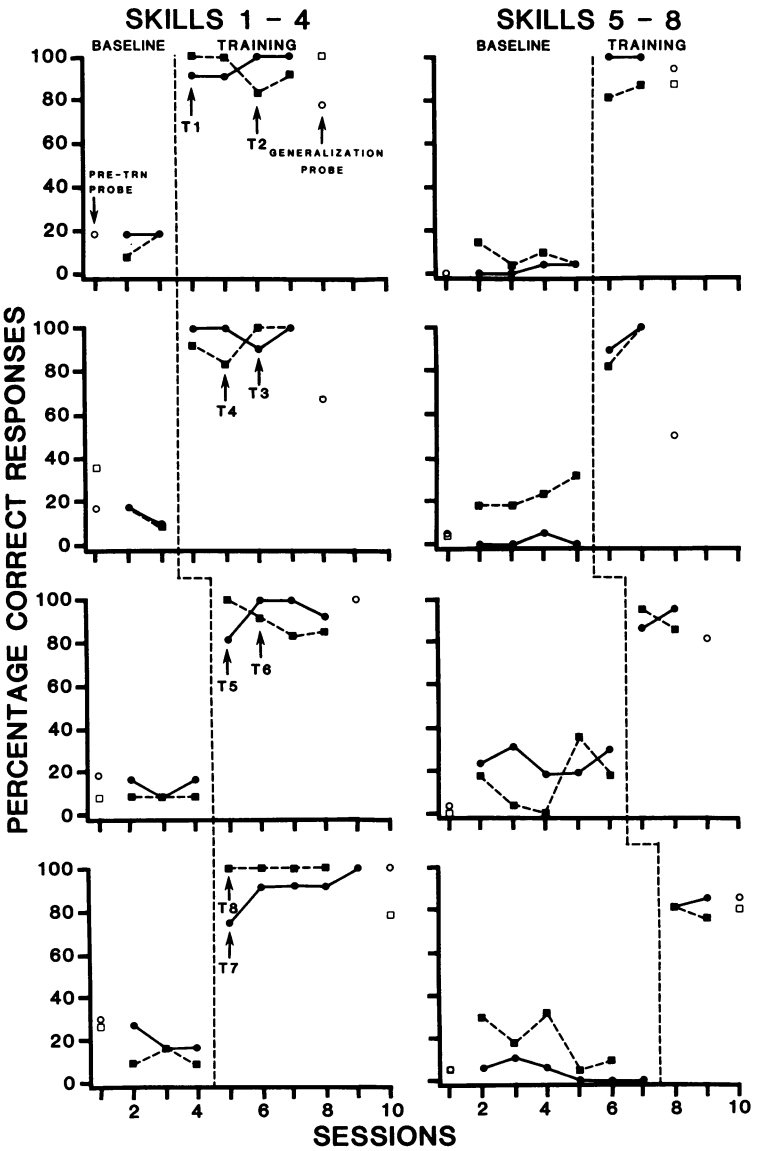

Figure 1. Parent (trainee) performance during baseline and posttraining simulations and pre- and posttraining probes. Percentages of correct responding within skill domains 1 to 4 and 5 to 8 are displayed for pairs of parents.

inary behavioral definition of the multifaceted process of "communication" as it occurs in the context of a parent's interaction with a professional. A measurable subset of the defining characteristics of effective parent communication and associated target skills was identified, observed reliably, and validated socially. The four-step social validation procedure used during this study also confirmed a need for communication skills training among parents, assessed whether training resulted in improved parent performance and the perceived importance of such improvement, and evaluated the parents' degree of satisfaction with the training program (Fuqua & Schwade, 1986; Kazdin, 1977; Wolf, 1978).

This study leaves several questions unanswered. A comprehensive analysis of the multichanneled interpersonal (including nonverbal) behaviors that comprise human "communication" (Watzlawick,

Beavin, & Jackson, 1967) was not attempted. Observations of sample parent–professional conferences might be useful in identifying alternative parent behaviors that are differentially associated with satisfactory versus unsatisfactory outcomes. Also, future efforts are needed to assess the predictive validity of the identified target behaviors; that is, the extent to which they are functionally related to successful outcomes (Fuqua & Schwade, 1986) and to greater parental satisfaction with professional services. Perhaps of greatest importance is a controlled demonstration that a parent's performance of the skills results in the provision of improved services on behalf of the child.

Research is also needed to examine more time- and cost-efficient means of training communication skills. An individualized approach is obviously labor-intensive both for the professional and the parent. Here, approximately 8 hr of professional time distributed across four sessions were expended to assist each parent to reach the training criterion, and training was often difficult to arrange (e.g., appointments were frequently rescheduled to accommodate the participants). Comparisons with alternative methods of promoting trainee participation in competency-based curricula deserve a high priority. Whether a competency-based methodology can be used to train large groups of parents efficiently is yet to be determined. Results of component analyses may reveal how the instructional package could be streamlined without loss of treatment efficacy. Also, a line of research worthy of exploration is the extent to which the communication skills training curriculum can be automated and presented within a self-instructional paradigm.

Alternatively, procedures that enhance contingency shaping in situ may be more effective than instruction based on predetermined rules that does not anticipate the subtleties of a specific parent-professional interaction (Hayes, Brownstein, Haas, & Greenway, 1986). Research on these and other adaptations holds promise for establishing communication skills that will contact and be maintained by appropriate sources of reinforcement in the posttraining environment, those produced by improved parent–professional interactions.

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